



## ATTENTION: APPLICANTS

### This Department will not accept:

- Outdated application forms
  - Forms that are not legible
  - Incomplete application packets

Refer to the instructions & checklist provided with the application packet.

**Make ALL checks payable to:** “Arizona State Banking Department”

**MAIL** completed application to the address at the bottom of this page.

### MAKE COPIES OF THE ENTIRE APPLICATION PACKAGE BEFORE SUBMISSION

- The Department cannot make copies for you
- If there are questions during the processing of your application you will have them available for reference



## Mortgage Broker Application

## Instructions

Section 2

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Application Instructions for License under Arizona Revised Statutes 6-901 Et Seq.

**Before You Complete the Enclosed Documents Please Read the Following Carefully**

**You can not conduct business governed by Arizona Revised Statutes until you have been licensed by this department and only for the location at which you have been licensed.**

**Application:** To apply for licensing, complete all enclosed forms. Do not leave any questions unanswered. If a question does not apply to you or if the answer to the question is none, so state on the application. We do not accept applications that are not completely filled out. ***Make photocopies of the completed forms for your records***, this department **WILL NOT** provide them for you.

**To Submit an Application** to the Arizona State Banking Department you **MUST** have the following completed with the appropriate agencies and a copy of the **approved document(s)** attached to your application.

**Application Name:** The application name **must be identical on all forms** (e.g., articles, application, trade name certificate, bond, etc.) Identical means spaces, periods, comma's, etc. (e.g., "Company Name, L.L.C." would not be "Company Name LLC"). Failure to submit the required documents **will** delay the processing of your application while these items are being amended.

Arizona State Corporation Commission 1300 W. Washington St., Phoenix, AZ 85007 Telephone (602) 542-3135 or www.cc.state.az.us.	Arizona Secretary of State 1700 W. Washington St., Phoenix, AZ 85007 Telephone (602)542-6187 or www.sosaz.com
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**If You Wish To Apply As A: Contact the Arizona State Corporation Commission.**

**Corporation:** You **must** submit an **approved copy** of your articles of incorporation and any amendments thereto with your application.

**Foreign Corporation:** If your corporation has been incorporated in a state other than Arizona, the corporation must be authorized to conduct business in this state. You **must** submit a copy of the **approved application** for authority and a copy of your Articles of Incorporation from the state for which you are incorporated.

**Limited Liability Company:** They will assist you in either forming under Arizona law or applying for registration to transact business in Arizona as a foreign limited liability company. You **must** submit an **approved copy** of the articles of organization (for domestic companies) or a copy of the approved registration (for foreign companies) with your application.

**OR**

**If You Wish To Apply As A: Contact the Secretary of State.**

**Partnerships:** Limited Partnership's or Foreign Limited Partnership's **must** provide an **approved copy** of your partnership agreement.

**Sole Proprietorship / Individual:** **Must** use his or her own name when filing as an individual, otherwise you must register your dba or trade name, see **Db/Trade Name** below.

**Db/Trade Name:** To do business under a "dba" or a "trade name", you must register your dba or trade name. You **must** submit an **approved copy** of your certificate of trade name registration with your application.

**Company Name in Arizona:** You cannot use Trust, Savings, Bank or Banc in your name. You cannot indicate you are a Corporation, LLC or Partnership, LLP in your name unless you are one. You cannot use a name that is similar to any names already being used by other entities licensed by our Department



## Mortgage Broker Application

## Instructions

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## Other Application Requirements

**Important:** You Must Have An Arizona Business Location With A Qualified Arizona Resident As Your Responsible Individual. There are No Exceptions to the Arizona Statute.

**Qualifications:** In order to qualify for the license the individual applicant or, if the applicant is other than an individual, the responsible individual must have all of the following:

- ? Must be an Arizona resident domiciled in Arizona on the date the application is filed with this department for licensing and must remain an Arizona resident during the term of the license or during the term as responsible individual.
- ? Have not less than three (3) years' experience as a mortgage broker, or equivalent lending experience in a related business during the five (5) years immediately preceding the time of application.
- ? Have satisfactorily completed a course of study approved by the superintendent during the three (3) years immediately preceding the time of application. See list of approved schools enclosed.
- ? Have passed a mortgage broker's test, pursuant to section A.R.S. §6-908, not more than one year before the granting of the license. See enclosed mortgage broker exam memorandum for details.

**Bond:** The bond required shall be ten thousand dollars (\$10,000.00) for licensees whose investors are limited solely to institutional investors, and fifteen thousand dollars (\$15,000.00) for licensees whose investors include any non-institutional investors. A **CONTINUOUS** surety bond must accompany your application. See sample bond. The licensee as principal and a surety company that is authorized to do business in this state must execute this bond. Your insurance company can assist in obtaining the bond. In lieu of a bond, a certificate of deposit can be substituted in some circumstances. Refer to statutes for more information concerning the requirements for the certificate of deposit.

**Financials:** For corporations, owners must complete both the corporate and personal financial statements.

**Personal History Statement (PH) and Fingerprint Card (FP):** If the applicant is an individual he/she must complete both the PH and FP documents. If the applicant is a corporation a PH and FP must be completed by each of the (5) highest corporate officers and by the Responsible Individual who must also be an employee and active in the management of the corporation. In the event the corporation has only one officer, then any manager(s), director(s) or anyone in a managerial/responsible position should also complete a PH and FP. Each member of a Limited Liability Company must complete the PH and FP. Again, do not leave any questions unanswered. Fingerprints must be done by a law enforcement agency. Prior to submitting a completed application you will need to contact this department for the appropriate number of fingerprint cards. The Personal History Statements and Fingerprint Cards must be submitted to this department as part of the original application package. **Our fingerprint cards must be used.** **Review Fingerprint Card Instructions sheet enclosed.** Incorrect card processing will be rejected by the FBI and retakes will be required. To request Fingerprint Cards, go to the Licensing page of our website [azbanking.gov](http://azbanking.gov).

**Verification of Licenses Issued by Other States:** If applicant holds like or similar licenses from other states, you will need to provide the Department with copies of these licenses with your application. If you are licensed in more than five (5) states, only provide the Department with copies from five (5) states. Example: If you are licensed in 30 states as a mortgage broker then you would only send us copies of current licenses from (5) states.

**The licensing year is October 1 through September 30.** If a license is issued to you on or prior to September 30, you must renew. It would benefit you to consider this when making initial application.

**Process Time:** The time it takes to process an application is dependent on the completeness and accuracy of the forms submitted. If the submitted forms are not properly completed they will be returned to you. This may result in a substantial delay. Be sure to review the **CHECKLIST** provided. In the event your application is returned to you, or if the licensing section requests additional information, your prompt response will help reduce the processing time. **If you fail to provide the necessary information needed to make our decision within the statutory required time frame, your license application will be withdrawn and you will have to reapply.**

**Fees:** You must provide one check for the application fee and one check for the fingerprint processing fee(s). The non-refundable eight hundred dollar (\$800) **application fee** and the twenty nine dollar (\$29.00) **fingerprint processing fee** for each fingerprint card, must be submitted together with the completed application forms. **Do not send the licensing fee with your application.** The licensing fee is pro-rated. Upon application approval, this Department will notify you of the pro-rated licensing fee.



## Mortgage Broker Application

## Check List

Section 3

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- ☐ **One Check For The \$800** Application Fee  
☐ And **One Check for the** Total Number of Fingerprint Cards  
**\$29.00** Fee **Per** Fingerprint Card (# Of Cards \_\_\_\_\_ x Fee = \$ \_\_\_\_\_)  
☐ Application (Signed and Notarized)  
☐ License Surrender Agreement (Signed And Notarized)  
☐ W-9 Form/Request For Taxpayer Identification  
☐ Bond (Signed and Notarized by Surety and Applicant)  
☐ Current Financials ☐ Corporate and ☐ Personal for corporations and ☐ Personal for sole proprietorship

## The Following Items If Applicable

- ☐ Articles Of Incorporation (Approved Copy) ☐ Amendments  
☐ Articles Of Organization (Approved Copy) ☐ Amendments  
☐ Foreign Authority (Approved Copy)  
☐ Certificate Of Good Standing (If not a newly formed corporation)  
☐ DbA / Trade Name Certificate (Approved Copy)  
☐ Partnership or Joint Venture Agreement (Approved Copy)  
☐ Enclose Copies of Licenses Held in Other States (Up To 5)

## For Each Of The Top 5 Officers And The Responsible Individual (RI)

- ☐ Personal History Statements (**Signed and Notarized in Both Locations**)  
☐ Driver License Copies (**An Arizona License Copy for RI**)  
☐ Fingerprint Cards (**Top Portion Identification Data Must Be Completed**)  
☐ Letter Of Explanation for Derogatory Credit and/or Criminal History Issues  
☐ (**RI Only**) State Exam Results Letter of Passing (Copy)  
☐ (**RI Only**) Must Provide Verification From Current And/Or Former Employer(s) (on their letterhead) That Mortgage Lending  
 -Experience For Three (3) Out Of The Past Five (5) Years Has Been Met (Required By State Statue). (We do not accept  
 resumes as proof of experience. Descriptive words like manager, district manager, regional manager will not be accepted as  
 job description. Mortgage Lender, loan officer or mortgage loan originator is acceptable.)

## Did You Remember To:

- ☐ Type or Print All Information on All Documents  
☐ Answer All Questions On All Forms Or Complete With "None" Or "NA"  
☐ Sign and Notarize All Documents Where Applicable  
☐ Make Copies of the Completed Application Packet for Your Records

**Company Name in Arizona:** You cannot use Trust, Savings, Bank or Banc in your name. You cannot indicate you are a Corporation, LLC or Partnership, LLP in your name unless you are one. You cannot use a name that is similar to any names already being used by our Department.



## Mortgage Broker Application

### Statutes and Rules

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A license granted by this Department entitles you to engage in that particular business for which the license is issued. **Be advised, however, that adherence to and compliance with all applicable Statutes and Rules is your responsibility.**

Statutes and Rules may be found on the Department's website at [azbanking.gov](http://azbanking.gov), on the pages titled **Statutes** or **Rules**. They may also be obtained at the Main Public Library located at 1221 North Central Ave., Phoenix, or your attorney. Statutes and Rules may be purchased from the Secretary of State at (602) 542-4086 or [www.sosaz.com](http://www.sosaz.com).

License Type	Statutes and Rules	Maximum License Issuance Time in Days
Advance Fee Loan Brokers	A.R.S. Section 6-1301 through 6-1310	60
Collection Agencies	A.R.S. Section 32-1001 through 32-1057 Rules R20-4-1501 through R20-4-1530	45
Commercial Mortgage Bankers	A.R.S. Section 6-971 through 6-985 Rules R20-4-1901 through R20-4-1911	120
Consumer Lender	A.R.S. Section 6-601 through 6-675 Rules R20-4-501 through R20-4-536	120
Debt Management	A.R.S. Section 6-701 through 6-716 Rules R20-4-601 through R20-4-620	60
Deferred Presentment	A.R.S. Section 6-1251 through 6-1263	120
Escrow Agents	A.R.S. Section 6-801 through 6-847 Rules R20-4-701 through R20-4-706	120
Money Transmitters	A.R.S. Section 6-1201 through 6-1219	120
Mortgage Brokers	A.R.S. Section 6-901 through 6-910 Rules R20-4-901 through R20-4-926	120
Mortgage Bankers	A.R.S. Section 6-941 through 6-948 Rules R20-4-1801 through R20-4-1812	120
Motor Vehicle Time Sales Disclosure Act	A.R.S. Section 44-281 through 44-295	45
Premium Finance Companies	A.R.S. Section 6-1401 through 6-1419	120
Trust Companies	A.R.S. Section 6-851 through 6-867 Rules R20-4-801 through R20-4-816	150

All fees charged are authorized, pursuant to, A.R.S. Section 6-126.

#### Licensing Contacts and Extension

Mark Jones 130	Joanne Moreno 125	Sherry Engels 126
Joanne Medina 127	Kandy Murdach 128	



## Mortgage Broker Application

Exam

Section 5

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## MEMORANDUM

**TO:** Mortgage Broker Applicants

**FROM:** Arizona State Banking ("Department")

**RE:** Registration & Exam Requirements

Exam dates for calendar year 2005 are on the following Wednesdays:

February 23<sup>rd</sup>, 2005

April 27<sup>th</sup>, 2005

June 29<sup>th</sup>, 2005

August 31<sup>st</sup>, 2005

October 26<sup>th</sup>, 2005

December 14<sup>th</sup>, 2005

Exams are held at 2910 North 44th Street in the Department's training room on the third floor. The training room opens at 8:00 a.m.

**NO ONE WILL BE ADMITTED TO THE TEST SITE AFTER 8:15 A.M.**

You **MUST** submit to the Department by the Monday prior to the exam date you select: **(THIS DEPARTMENT DOES NOT MAKE COPIES)**

- \$50.00 exam fee – Cash or check
- **copy** of school "Certificate of Completion"
- letter of intent for bond from surety company or **copy** of actual bond

**The following two items WITHOUT ATTACHMENTS**

- completed personal history statement (4 pages) **form (signed and notarized)**
- completed application (3 pages) **form (signed and notarized)**

**No other material/document or fees will be accepted at this time.** Please keep the rest of your application packet together until you have received your exam results and are ready to apply for the mortgage broker license.

**NOTE:** The licensing process and issuance of the license must be completed within one year of the successful applicant's exam date.

**Day of the exam.** Candidates **MUST BRING** two forms of identification (one must be a picture ID) and your receipt showing you paid your test registration fee of **\$50.00**.

**Items applicant should bring include:** a non-database type financial calculator, at least 2-3 #2 pencils (sharpened) and an eraser.

**Results** of the test will be mailed within thirty days. Please **DO NOT** contact this Department for exam results prior to this time period. Confirmations by licensing personnel will not be given.

An applicant may not take the test more than two times within a twelve-month period.

**Mortgage Broker Application**  
**Mortgage Broker Schools**

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Arizona School of Real Estate, Inc.  
7142 East First Street  
Scottsdale, AZ 85251  
PHONE: (480) 946-5388  
FAX: (480) 949-5918  
Contact: Linda

Bohler Institute for Continuing Education  
1930 Mesquite Ave, #1  
Lake Havasu City, AZ 86403  
PHONE: 1 (877) 465-0779  
FAX: 1 (928) 855-1666  
Admin@bohlerinstitute.com

Brodsky School of Real Estate  
720 South Craycroft  
Tucson, AZ 85711  
PHONE: (520) 747-1485  
FAX: (520) 747-1455  
Contact: Fred Brodsky or Shawnyl Cannon

Hogan School of Real Estate, Inc.  
4023 East Grant Road  
Tucson, AZ 85712  
PHONE: (520) 327-6849  
FAX: (520) 325-8950  
Contact: Esther Hogan

Institute of Mortgage And Real Estate Education, Inc.  
4008 North 15<sup>th</sup> Avenue  
Phoenix, AZ 85015  
PHONE (602) 265-3490  
FAX (602) 230-2251  
Contact: Mitchell S. Medigovich

Professional Institute of Real Estate  
10207 North Scottsdale Road  
Scottsdale, AZ 85253  
PHONE: (480) 991-0182  
FAX: (480) 991-9175  
Contact : Debra or Jim



# Mortgage Broker Application

## Bond



BOND NO. \_\_\_\_\_

KNOW ALL MEN BY THESE PRESENTS, That we, \_\_\_\_\_, as Principal, and \_\_\_\_\_, a Corporation, qualified and authorized to do business in the State of Arizona as Surety, are held and firmly bound unto the State of Arizona for the use and benefit of any injured person, in the sum of \$ \_\_\_\_\_, lawful money of the United States of America, to be paid to any person injured by the wrongful act, default, fraud or misrepresentation of the licensee or his employees and to the State of Arizona for the benefit of the person injured, for which payment well and truly be made, we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

### THE CONDITION OF THE ABOVE OBLIGATION IS SUCH THAT:

WHEREAS, the above named Principal has made application to the Superintendent of Banks of the State of Arizona for license as a Mortgage Broker within the meaning of Title 6, Chapter 9, Article One, Arizona Revised Statutes, and is required by the provisions of such statutes to furnish a bond in the sum named above, conditioned as herein set forth:

NOW, therefore, if the Principal shall strictly, honestly and faithfully comply with the provisions of Title 6, Chapter 9, Article One, Arizona Revised Statutes, and shall pay all damages suffered by any person injured by the wrongful act, default, fraud or misrepresentation of the licensee or his employees, or both, growing out of any transaction governed by the provisions of such statutes, then this obligation shall be void; otherwise to remain in full force and effect.

This bond shall become effective on \_\_\_\_\_, and shall remain in force until the Surety is released from liability by the Superintendent of Banks, or until this bond is cancelled by the Surety. The Surety may cancel this bond and be relieved of further liability hereunder by giving thirty days written notice to the Principal and to the Superintendent of Banks of the State of Arizona.

This bond shall be one continuing obligation, and the liability of the Surety for the aggregate of any and all claims which may arise hereunder shall in no event exceed the amount of the penalty hereof.

IN WITNESS WHEREOF, the seal and signature of the Principal hereto is affixed, and the corporate seal and the name of the Surety hereto is affixed and attested by its duly authorized officers at \_\_\_\_\_ this (date) \_\_\_\_\_

(Company Name)

(Print Name of Principal Officer)

By: \_\_\_\_\_

Signature of Principal

COUNTERSIGNED:

(Name of Surety Company)

BY: \_\_\_\_\_  
 Arizona Resident Agent Signature of Surety

By: \_\_\_\_\_



**Mortgage Broker Application****Fingerprint Card Instructions**

Section 8

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*Fingerprints must be done by a Law Enforcement Department. See Arizona Administrative Code R20-4-103.*

See Application Instructions under ‘Personal History Statement & Fingerprint Card’ for fingerprint instructions; then order your fingerprint cards from our Department. To request fingerprint cards, go to the Licensing page of our website [azbanking.gov](http://azbanking.gov) or fax us your request at (602) 381-1225.

Fingerprint cards are forwarded to the Arizona Department of Public Safety for processing by the Federal Bureau of Investigation. The FBI sets the following rules for the submission of fingerprint cards:

**One Card Per Person**

- ? **ORI Field on fingerprint card must have Phoenix, AZ information or be blank.** It cannot have another State’s information in that field. Do not use white out material.
- ? **Do not use a highlighter on the fingerprint card.** The FBI’s scanners cannot record the information if card contains highlighter.
- ? **Do not overlap the borders of the block in which you enter information.** The scanners cannot read information that overlaps the block.
- ? **Do not use whiteout on the fingerprint card.** If information on the card needs to be changed, you may use a white address label affixed within the blue borders of the block.
- ? **Do not overlap any information into the actual fingerprint area.**
- ? **Do not enter any information in the block entitled “Employer and Address”.** The Department will enter this information.
- ? **Do not enter any information in the block entitled “Reason Fingerprinted”.** The Department will enter this information.
- ? **Do not alter any preprinted information on the fingerprint card.**

Failure to adhere to these guidelines may result in the fingerprint card being returned and a new card required to be submitted.

Fingerprint fees must be on a separate check if other fees are being enclosed.

**MAKE CHECK PAYABLE TO: Arizona State Banking Department**



## Mortgage Broker Application Fingerprint Card Instructions

Section 8

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### Note

You may use any fingerprint card that is identical to the one shown below, as long as there is no preprinted information on the card. All fields must be blank unless received from the Arizona State Banking Department.

**Do Not** write in any field marked 'Leave Blank'. Complete all remaining identifying information fields. If there are fields that do not apply, enter N/A.

**Review** fingerprint card instructions above.

<b>APPLICANT</b>		LEAVE BLANK //Leave Blank//		TYPE OR PRINT ALL INFORMATION IN BLACK LAST NAME <u>NAM</u> FIRST NAME MIDDLE NAME				FBI LEAVE BLANK //Leave Blank//	
SIGNATURE OF PERSON FINGERPRINTED		ALIASES <u>AKA</u>		OR //Leave Blank//		DATE OF BIRTH <u>DOB</u> Month Day Year		PLACE OF BIRTH <u>POB</u>	
RESIDENCE OF PERSON FINGERPRINTED		CITIZENSHIP <u>CTZ</u>		SEX <u>SEX</u> RACE <u>RACE</u> HGT <u>HGT</u> WGT <u>WGT</u> EYES <u>EYES</u> HAIR <u>HAIR</u>		LEAVE BLANK //Leave Blank//		CLASS	
DATE		SIGNATURE OF OFFICIAL TAKING FINGERPRINTS		FOUR NO. <u>OCA</u> //Leave Blank//		FBI NO. <u>FBI</u>		REF.	
EMPLOYER AND ADDRESS //Leave Blank//		ARMED FORCES NO. <u>MNU</u>		SOCIAL SECURITY NO. <u>SOC</u>		MISCELLANEOUS NO. <u>MNU</u> //Leave Blank//		//Leave Blank//	
REASON FINGERPRINTED //Leave Blank//		//Leave Blank//		//Leave Blank//		//Leave Blank//		//Leave Blank//	
1. R. THUMB		2. R. INDEX		3. R. MIDDLE		4. R. RING		5. R. LITTLE	
6. L. THUMB		7. L. INDEX		8. L. MIDDLE		9. L. RING		10. L. LITTLE	
LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY				1. THUMB 8. THUMB		RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY			



**Mortgage Broker Application  
Licensees Surrender Agreement**

Section 9

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*Licenses may be issued before the completion of the investigation process of your application. This is due to the delay in obtaining certain verification of information provided to the Department in your application package. **Please read, sign and notarize this form and return with the application package.***

*I have read and completely understand the conditions relating to issuance of this license and agree to surrender upon demand the license issued by the State Banking Department of Arizona, if any negative or derogatory information of any type is discovered during the investigation of the license application. If asked to surrender the license, I will do so immediately and cease conducting the business activity relating to the license.*

ACCEPTED

\_\_\_\_\_  
(Name of Company)

By: \_\_\_\_\_ (print) \_\_\_\_\_  
(Signature of Principal Officer) (Name of Principal Signer)

Date: \_\_\_\_\_ (print) \_\_\_\_\_  
(Title of Principal Signer)

**Notarization of Signature**

State of \_\_\_\_\_ )  
 ) ss.  
County of \_\_\_\_\_ )

Subscribed and Sworn to before me, this \_\_\_\_\_ day of \_\_\_\_\_ year of \_\_\_\_\_  
at \_\_\_\_\_  
(City and State)

\_\_\_\_\_  
**Notary Public**

My Commission expires \_\_\_\_\_



## Mortgage Broker Application Application

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### This Application Must Be Completed By Typewriter or Legibly Printed

Filing as a: ☐ Corporation ☐ Partnership ☐ Limited Liability Company ☐ Individual ☐ Other

TAX ID#: \_\_\_\_\_

TO THE SUPERINTENDENT OF BANKS:

1. \_\_\_\_\_  
(Corporate title, trade or individual name under which business is to be operated) hereby applies for a license to engage in and carry on the business of a **MORTGAGE BROKER**, pursuant to the provisions of Title 6, Chapter 9, Arizona Revised Statutes.

Business: Web Page Address \_\_\_\_\_ and \_\_\_\_\_ E-mail Address \_\_\_\_\_

2. \_\_\_\_\_  
Complete address of principal Arizona office where business is to be conducted (must be an Arizona business location):

3. \_\_\_\_\_  
Mailing address (if different from principal Arizona Office above)

4. \_\_\_\_\_ - \_\_\_\_\_  
Telephone Number of Principal Arizona Office and \_\_\_\_\_ Fax Number

5. \_\_\_\_\_  
Name and address of home/corporate office:

a. \_\_\_\_\_ - \_\_\_\_\_  
Telephone Number of home/corporate office and \_\_\_\_\_ Fax Number

6. \_\_\_\_\_ a. \_\_\_\_\_  
Date and Place of incorporation or organization Date of authorization to conduct business in Arizona

7. Show ownership interests **must** equal 100%, shareholders and applicable number of shares if a corporation or partners if a partnership, members if a limited liability company. **Express ownership as a percentage.**

First & Last Name of Owner	% / Shares	First & Last Name of Owner	% / Shares

8. \_\_\_\_\_  
Name and complete address of Statutory Agent

9. \_\_\_\_\_  
Name of Responsible Individual (must be a W-2 employee and a bona fide resident of the State of Arizona)

a. List interests in other Arizona businesses/ventures and capacity in each (i.e. partner, member, officer, shareholder, etc.) \_\_\_\_\_

\_\_\_\_\_

10. If a corporation state the name and business information of each of the officers and directors, members if a limited liability company or partners if a partnership: (use separate sheet if necessary)

a. \_\_\_\_\_  
Capacity/Title \_\_\_\_\_ Name \_\_\_\_\_ Years in Business \_\_\_\_\_

Business Address \_\_\_\_\_ Telephone \_\_\_\_\_

b. \_\_\_\_\_

Capacity/Title	Name	Years in Business
Business Address		Telephone

c. \_\_\_\_\_

Capacity/Title	Name	Years in Business
Business Address		Telephone

d. \_\_\_\_\_

Capacity/Title	Name	Years in Business
Business Address		Telephone

e. \_\_\_\_\_

Capacity/Title	Name	Years in Business
Business Address		Telephone

11. Check applicable blocks:

a. ☐ Approved FHA Mortgage                      ☐ VA Supervised Lender  
       FHA Mortgagee Number \_\_\_\_\_ Date Approved \_\_\_\_\_

b. Have you ever been suspended by FHA or VA?                      ☐ Yes    ☐ No (If yes, explain)  
       \_\_\_\_\_  
       \_\_\_\_\_

c. Have you ever been suspended for **cause** from selling or servicing mortgages for any other lender?                      ☐ Yes    ☐ No (If yes, explain)  
       \_\_\_\_\_  
       \_\_\_\_\_

12. Financial statements prepared within the previous six months must accompany this application. (balance sheet and income statement if the applicant is a corporation, partnership or limited liability company; balance sheet if an individual.)  
**Financials:** Corporation owners must complete both the corporate and personal financial statements. *Have you included financial statements?*                      ☐ Yes    ☐ No

13. List all lenders/investors to which you sell and/or for which you service mortgages or those that you are considering selling to or servicing for. Give full name, address, phone number and 'contact' person.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

14. Do you intend to use non-institutional investors?                      ☐ Yes    ☐ No

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- ☐
- Yes
- ☐
- No

<b>Form:</b>	<b>MB-APP-001</b>
Revised	01/15/2004

**Mortgage Broker Application  
Concurrent Employment Approval Statement**

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Page 1 of 1

The undersigned applicant/licensee acknowledges that the person listed below as proposed responsible individual is concurrently employed in that capacity by other licensees. This document serves as written approval of the proposed responsible individual's concurrent employment pursuant to A.R.S. Sections 6-909(H), 6-947(H) and 6-984(G), as applicable.

**Proposed responsible individual must attach a list of all concurrent employers.**

---

Signature of Proposed Responsible Individual

---

Date

---

Print Name

**The following must be executed by an owner or officer the applicant/licensee.**

---

Signature of Applicant or Licensee

---

Date

---

Print Name

---

Title





## Mortgage Broker Application

## Personal History Statement

Section 12

Page 1 of 4

**INSTRUCTIONS: LEGIBLY PRINT or type all answers. All questions and statements, must be completed. If the answer is "NONE", so state.** The entries made in this form are subject to verification. Insure that they are complete and accurate since providing false information or omitting significant information in this form is a criminal offense. If more space is needed, use the "Remarks" section, and attach additional sheets if necessary. The information entered herein is for official use only and will be maintained in confidence.

*If you are applying to be the responsible individual (RI) Mortgage Broker, Mortgage Banker or Commercial Mortgage Banker license, review H.A. on page 3 for specific requirements.*

**A. GENERAL:**

1. 

	Mr. Ms. Mrs.				
Position (Title/Owner/RI/AM etc.)	Circle One	Name: Last	First	Middle	( ) -
  2. Residence Address: Street City State Zip Res. Phone:
  3. Social Security Number: Date of Birth: Place of Birth:
  4. Alias(es) Nicknames, or changes in name: Maiden Name (if any):
  5. Height: Weight: Color of Eyes: Color of Hair:
  6. Scars, Physical Defects, Distinguishing marks:
  7. Drivers License No. & State of Issue: **(Attach a Photocopy of your License)**
  8. Do you have a history of mental or nervous disorder? ☐ Yes ☐ No
  9. Are you now or have you ever used or been addicted to the use of habit forming drugs such as narcotics or barbiturates? ☐ Yes ☐ No
  10. Have you ever used any narcotic drug, dangerous drug, hallucinatory drug or any other substance deemed to be unlawful to possess or use? ☐ Yes ☐ No
  11. Are you now or have you ever been a chronic user to excess of alcoholic beverages? ☐ Yes ☐ No
  12. Has an order, injunction or judgment, whether or not final, been entered against you in a civil action on account of fraud, misrepresentation or deceit? ☐ Yes ☐ No
- If the answer to any of the above is "Yes", furnish complete details in "Remarks" Section "T" page 3.**
13. Are you presently a member of a Military Reserve or National Guard Organization? ☐ Yes ☐ No  
If "Yes", complete the following. Grade: Unit and Location:

**B. CRIMINAL RECORD:****Have you ever been;**

1. detained, held, arrested, indicted, or summoned into court as a defendant in a criminal proceeding? ☐ Yes ☐ No
2. convicted, fined or imprisoned or placed on probation? ☐ Yes ☐ No
3. ordered to deposit bail or collateral for the violation of any law, ordinance, police regulation or military regulation? ☐ Yes ☐ No
4. detained, held or arrested for a traffic violation? ☐ Yes ☐ No

**If the answer is "Yes" to ANY of the above questions, complete the following**

Date	Offense	Location of Offense	Disposition

**(Additional space available in "Remarks" Section "T" page 3)**



## Mortgage Broker Application

## Personal History Statement

Section 12

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**C. EMPLOYMENT:** (Show every employment you have had and all periods of employment for the past ten (10) years in chronological order with the most recent first. **You Must Include Complete Addresses**)

Date From / To	Name and <b>Complete Address</b> of Employer (include street, city, and zip) <b>Resumes or Personal References – Are Not Accepted As Employment Verification</b>	Position/ Title	Supervisor	Reason for Leaving

1. Did any of the above employment's require a security clearance? ☐ Yes ☐ No

2. Have you ever been refused Bond? ☐ Yes ☐ No

**If the answer is "Yes", to either of the above explain in "Remarks" Section "I" page 3.**

**D. MEMBERSHIP:** (in past and/or present organizations, show all memberships you have had for the past ten (10) years.)

Name of Organization	Type	Date From / To

**E. EDUCATION:** (Account for all schools attended other than primary grades K-8)

Dates From / To	Name and Location of School	Degree



# Mortgage Broker Application

## Personal History Statement

Section 12

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**F. FAMILY:** (Identify all family members, including children and siblings)

Relationship	Name	Current Address
Father:		
Mother:		
Spouse: (First and Maiden Name)		
Children/Brothers/Sisters:		

**G. RESIDENCES:** (Show all residences for the past ten (10) years in chronological order with the most recent first)

Date From / To	Street and Number and City	State and Zip

**H. ATTACHMENTS:** Have you attached a copy of your drivers license, completed fingerprint card and if applicable a letter of explanation and resolve of any past or current derogatory credit or criminal issues? ☐ Yes ☐ No

1. Applying to be the **RESPONSIBLE INDIVIDUAL ("RI")** (as summarized on page 1, second paragraph). You must meet the employment qualification set forth in the Arizona Revised Statutes. No Exceptions. You must provide **employment verification** from past and/or current employers on their professional company letterhead (provide **original** letters only). This verification must provide job description in terminology consistent with the equivalent and related experience outlined in the Arizona Revised Statutes and dates of employment in that qualifying capacity. **DO NOT SEND** W2's, resumes, personal references or education as proof of job experience. Have you attached the required **original verification letter(s)**? ☐ Yes ☐ No

**I. REMARKS:** (Furnish complete details attach additional sheets if necessary)

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**Mortgage Broker Application  
Personal History Statement**

Section 12

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**Read, Sign & Notarize Both Top & Bottom Portion Of This Document**

## AFFIDAVIT

STATE OF \_\_\_\_\_ )ss

COUNTY OF \_\_\_\_\_

I certify that the above entries made by me are true, complete, and correct to the best of my knowledge and belief.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature)

### NOTARIZATION OF SIGNATURE

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ Year \_\_\_\_\_

\_\_\_\_\_  
My commission expires:

\_\_\_\_\_  
(Notary Public)

## AFFIDAVIT (part 2)

STATE OF \_\_\_\_\_ )ss

COUNTY OF \_\_\_\_\_

I, (Print Your Name) \_\_\_\_\_ in connection with  
(Print Company Name) \_\_\_\_\_ and pursuant  
to the provisions of the Arizona Revised Statutes, hereby authorize the Superintendent of Banks, the Attorney  
General of Arizona and their agents, to examine or receive a copy of any record maintained by the United States  
Armed Forces, or any Governmental Body, or any University, College or Board of Education of any state, or any  
bank or credit agency, relating to me, in the same manner and to the same extent as if I personally applied for the  
same, and I hereby authorize such records be disclosed or furnished in accordance with any request made by or on  
behalf of the Superintendent of Banks, the Attorney General of Arizona or their agents.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature)

### NOTARIZATION OF SIGNATURE

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ Year \_\_\_\_\_

\_\_\_\_\_  
My commission expires:

\_\_\_\_\_  
(Notary Public)



## Mortgage Broker Application

## Personal Financial Statement

Section 13

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(DO NOT USE FOR BUSINESS STATEMENT)

## Please Complete Fully

(DESCRIBING ANY UNUSUAL ASSETS OR LIABILITIES)

Name \_\_\_\_\_ Customer at \_\_\_\_\_ (office)

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Occupation \_\_\_\_\_

Financial Condition As Of \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (MO/DAY/YEAR)

ASSETS	AMOUNT	LIABILITIES	AMOUNT
Cash in Bank		Notes Payable to Bank	
Cash in other Banks (detail)		Notes payable to Other Banks (detail)	
Ordinary Accounts receivable - Good		Ordinary Accounts Payable	
Due from Friends and Relatives (describe)		Due to Friends & Relatives (describe)	
Notes Receivable - Good (Sched 1)		Notes Payable to Others (describe)	
Mortgages Owned (Sched 1)			
Readily Marketable Securities (Sched 4)			
Other Securities (Sched 4)		Due to Brokers	
Cash Surrender Value of Life Insurance (Sched 5)		Loans on Life Insurance (Sched 5)	
Real Estate & Buildings (Sched 2)		Mortgages or Liens on Real Estate (Sched 3)	
Automobiles		Installment Loans	
Personal Property		Income Taxes Payable	
Other Assets (describe)		Other Taxes Payable	
		Other Liabilities (describe)	
		<b>TOTAL LIABILITIES</b>	
		<b>NET WORTH (Assets Minus Liabilities)</b>	
<b>TOTAL ASSETS</b>		<b>TOTAL</b>	

## APPROXIMATE ANNUAL INCOME AND EXPENSE

(EXCLUSIVE OF ORDINARY LIVING EXPENSES)

INCOME	AMOUNT	FIXED EXPENSES	AMOUNT
Salary From _____		Insurance Premiums	
Income from Securities		Rent or Mortgage Payments	
Real Estate Rental		Income Taxes (for year _____)	
Net Income form Business or Profession		Other Taxes	
Other (Alimony, child support or separate maint.)		Other (Include alimony, child support or	
		separate maintenance payments if you are	
		obligated to make them.	
<b>TOTAL INCOME</b>		<b>TOTAL</b>	

- Are the above evaluations on receivable conservative? ☐ Yes ☐ No (If not, explain by separate letter)
- Are any assets pledged or debts secured except as indicated? ☐ Yes ☐ No (If so, please itemize by debt and security)
- Do you have any contingent liabilities for guarantees, endorsements or otherwise? ☐ Yes ☐ No (If so, explain)
- Do you do business with any other bank? ☐ Yes ☐ No (If so, nature of business)



## Mortgage Broker Application

## Personal Financial Statement

Section 13

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5. If you are married are any of the above assets your spouse's separate property? ☐ Yes ☐ No (If so, please itemize)
6. Are there any suits, judgments, tax deficiencies or other claims pending or in prospect against you? ☐ Yes ☐ No (If so, explain by separate letter)
7. Have you ever gone through bankruptcy or compromised a debt? ☐ Yes ☐ No (If so, explain by separate letter)
8. Have you made a will? ☐ Yes ☐ No Who is named executor of estate? \_\_\_\_\_

## COMPLETE THE FOLLOWING SCHEDULES

## SCHEDULE 1 - NOTES AND MORTGAGES OWNED

Describe here or on separate sheet any important or unusual receivables.

Name Of Debtor	Amount Due	How Payable	Remarks (Include description & value of any security)

## SCHEDULE 2 - REAL ESTATE AND BUILDINGS

Please give details of encumbrances on Schedule 3 opposite proper parcel number.

Parcel	Location & Description (Include improvements)	Monthly Income	Title In Name Of	Value On Land	Improvements	Encumbrances Amount	Fire Ins. Amount
No. #1							
No. #2							
No. #3							
No. #4							
No. #5							

What is the basis for the above valuations? (State whether cost, fair market value today or other basis) \_\_\_\_\_

Are there any properties held on joint tenancy? ☐ Yes ☐ No Parcel numbers \_\_\_\_\_

## SCHEDULE 3 - REAL ESTATE ENCUMBRANCES

Parcel	Amt. Owning Per Sched 2	Nature Of Encumbrance And To Whom Payable	Interest Rate	Due Date	Payment Amount	*Are Interest & Principal Current.
No. #1						Yes <input type="checkbox"/> No <input type="checkbox"/>
No. #2						Yes <input type="checkbox"/> No <input type="checkbox"/>
No. #3						Yes <input type="checkbox"/> No <input type="checkbox"/>
No. #4						Yes <input type="checkbox"/> No <input type="checkbox"/>
No. #5						Yes <input type="checkbox"/> No <input type="checkbox"/>

\*If any payments of principal or interest are delinquent please give details. \_\_\_\_\_

Are any taxes delinquent? ☐ YES ☐ NO (If so, give amount and details) \_\_\_\_\_

Are there any unrecorded deeds, liens or other claims not shown above? \_\_\_\_\_


**Mortgage Broker Application**  
**Personal Financial Statement**

Section 13

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**SCHEDULE 4 - SECURITIES OWNED**

Please attach separate schedule sheet if needed.

Stock - Shares, Bond Amounts	Description	Value Carried On This Statement	Current Market On Listed Amount		Estimated Value on Unlisted		
			@	Amount	@	Amount	Ann. Div

In whose name are the above securities held? \_\_\_\_\_

If in names of yourself and co-owner, are they joint tenancy? \_\_\_\_\_

**SCHEDULE 5 - INSURANCE**

Public liability on autos \$ \_\_\_\_\_ Property Damage on Autos \$ \_\_\_\_\_

**LIFE INSURANCE**

Beneficiary	Amount Of Policy	Cash Value	Amount Of Liens	Net Cash Value
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$

**I certify that the above information provided by me is true,  
complete and correct to the best of my knowledge and belief.**

---

**Date**


---

**Signature**





# Mortgage Broker Application

## Corporate Financial Statement

Section 14

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Name of Corporation: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

Financial Conditions At Close Of Business On \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (MO/DAY/YEAR)

ASSETS		LIABILITIES	
Cash on Hand and in Bank	\$ _____	Accounts Payable - Not Due	\$ _____
Accounts Rec. Customers - Current	\$ _____	Accounts Payable - Past Due	\$ _____
Accounts Rec. Customers - Past Due	\$ _____	Notes Payable	\$ _____
Total Accounts Receivable	\$ _____	Notes Payable Other Banks	\$ _____
Less: Reserve Doubtful Accts.	\$ _____ \$ _____	Notes or Trade Acceptances Payable for Mdse.	\$ _____
Notes Receivable - Customers	\$ _____	Other Notes Payable	\$ _____
Less: Reserve Doubtful Notes	\$ _____ \$ _____	Portion of Equipment Contracts and Chattel	
Trade Acceptances Receivable	\$ _____	Mortgages Due Within One Year	\$ _____
Merchandise - Finished	\$ _____	Due Officers and Stockholders (Sched 2)	\$ _____
Merchandise - In Process	\$ _____	Due Controlled or Affiliated Concerns (Sched 6)	\$ _____
Merchandise - Raw Materials	\$ _____	Reserve for Income Taxes	\$ _____
Readily Marketable Securities (Sched 3)	\$ _____	Other Taxes Payable	\$ _____
		Accrued Liabilities	\$ _____
Net Cash Surrender Value of Life Insurance (Sched 1)	\$ _____	Portion of Long Term Debt Due within One Year	\$ _____
<b>TOTAL CURRENT ASSETS</b>	<b>\$ _____</b>	<b>TOTAL CURRENT LIABILITIES</b>	<b>\$ _____</b>
Real Estate and Bldgs. (Sched 4)	\$ _____	Real Estate Encumbrances (Sched 5)	\$ _____
Less: Reserve for Depreciation	\$ _____ \$ _____		
Machinery - Equipment - Fixtures	\$ _____	Non-Current Portion of Equipment Contracts	
Less: Reserve for Depreciation	\$ _____ \$ _____	and Chattel Mortgages	\$ _____
Automobiles and Trucks	\$ _____	Other Non-Current Debt (describe):	\$ _____
Less: Reserve for Depreciation	\$ _____ \$ _____		
Investments in Controlled or Affiliated Co. (Sched 6)	\$ _____	<b>TOTAL LIABILITIES</b>	\$ _____
Other Securities Owned (Sched 3)	\$ _____		
		Other Reserves (describe): _____	\$ _____
Due from Controlled or Affiliated Co. (Sched 6)	\$ _____		
Due from Officers and Stockholders (Sched 2)	\$ _____		
Other Non-Current Receivables	\$ _____	NET WORTH:	
		Preferred Stock	\$ _____
Deferred and Prepaid Items	\$ _____	Common Stock	\$ _____
		Capital Surplus	\$ _____
		Earned Surplus	\$ _____
		TOTAL NET WORTH	\$ _____
<b>TOTAL</b>	<b>\$ _____</b>	<b>TOTAL</b>	<b>\$ _____</b>



# Mortgage Broker Application

## Corporate Financial Statement

Section 14

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**CONTINGENT LIABILITIES (not already included) If none, so state.**

On Acceptances, Contracts or Notes Discounted or Sold \$  
 As Guarantor or Endorser for \$  
 For Merchandise Consigned by Suppliers \$  
 Otherwise (describe) \$  
 Are any book accounts sold or assigned? Yes ☐ No ☐ Amount \$  
 To whom?   
 With Recourse? Yes ☐ No ☐

Has full provision been made on this statement for all doubtful receivables from customers and are the foregoing valuations on them conservative? Yes ☐ No ☐

Are any assets pledged or any debts secured except as indicated? Yes ☐ No ☐ If so, please itemize by debt and security.

**COMMITMENTS:**

Approximate Purchase Commitments \$  
 Approximate Unfilled Orders on Hand \$  
 Describe any other unusual commitments

Are there any judgments, suits, or any claims for tax deficiencies now pending or in prospect against the corporation? Explain

**OPERATING RECORD FROM \_\_\_\_/\_\_\_\_/\_\_\_\_ (DATE) TO \_\_\_\_/\_\_\_\_/\_\_\_\_ (DATE):**

*If profit and loss statement does not fit your business, please attach a statement on your own form.*

Net Sales for Period \$  
 Cost of Goods Sold \$  
 Gross Profit \$  
 Selling Expense \$  
 Administrative Expense \$  
 General Expense \$  
 Total Operating Expense \$  
 Operating Profit \$  
 Other Income \$  
 Total Income \$  
 Other Deductions \$  
 Federal & State Income Tax \$  
 Total Deductions \$  
 Net Profit \$

Reconciliation of Surplus:  
 Surplus at beginning of period \$  
 Net Profit \$  
 \*Surplus Credits \$  
 Total \$  
 Dividends Paid \$  
 \*Surplus Debits \$  
 Surplus as of this statement date \$

\*If Surplus Adjustments involve important transactions please give details below:

Total Depreciation and Amortization included in above statement \$  
 Deductions for Bad Accounts included in above statement \$  
 Salaries to Executive Officers included in above statement \$

**MONTHLY SALES**

Please enter here your approximate sales by months during the past fiscal period:  
 Jan Feb Mar  
 Apr May Jun  
 Jul Aug Sept  
 Oct Nov Dec

**Complete the following. Include the supporting schedules.**

**OTHER BANKS USED:**

Name	City	Do you borrow there?	Maximum Debt Past Year
		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$



## Mortgage Broker Application

### Corporate Financial Statement

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**RENTAL:** Does company rent? Yes ☐ No ☐  
 Present monthly rental paid \$ \_\_\_\_\_  
 Date of expiration of lease \_\_\_\_/\_\_\_\_/\_\_\_\_

**CORPORATE INFORMATION:** Under laws of what state are you incorporated? \_\_\_\_\_

Are all franchise taxes current? Yes ☐ No ☐

Are you authorized to do business in Arizona? Yes ☐ No ☐

Have all other legal requirements been met? Yes ☐ No ☐

No. of authorized common shares \_\_\_\_\_ Outstanding \_\_\_\_\_ Par value \$ \_\_\_\_\_

Year last div. paid \_\_\_\_\_ Annual rate if established \$ \_\_\_\_\_ No. of authorized pfd. shares \_\_\_\_\_

Outstanding \_\_\_\_\_ Par value \$ \_\_\_\_\_ Dividend preference \$ \_\_\_\_\_ Cumulative? \_\_\_\_\_

Div. Pd. to \_\_\_\_\_

Please list any trade styles used by the corporation \_\_\_\_\_

### SCHEDULE 1 - INSURANCE

Fire Insurance:

On Merchandise \$ \_\_\_\_\_

On Mach'y, Equipt. and Fixtures \$ \_\_\_\_\_

On Buildings \$ \_\_\_\_\_

Liability Insurance:

Public Liability on Owned Autos \$ \_\_\_\_\_

Property Damage on Owned Autos \$ \_\_\_\_\_

P.L. and P.D. on Non-owned Autos \$ \_\_\_\_\_

Building & Elevator Pub. Liab. \$ \_\_\_\_\_

Check all that are applicable to the coverage the corporation carries:

☐ Explosion Ins.    ☐ Steam Boiler    ☐ Auto Fire, Theft    ☐ Business Interruption    ☐ Products Liability  
☐ Riot and Strike    ☐ Auto Collision    ☐ Workmen's Comp    ☐ Robbery or Burglary    ☐ Machinery Breakdown

Is the extended coverage endorsement attached to fire policies? ☐ Yes ☐ No

Do any policies contain a coinsurance clause? ☐ Yes ☐ No Basis \_\_\_\_\_%

Is any insurance on a monthly reporting basis? ☐ Yes ☐ No

Are employees having custody or control of property adequately bonded? ☐ Yes ☐ No

Insurance on Lives of Officers, Directors or Other Executives Naming the Corporation as Beneficiary:

Name of Insured	Amt. of Policy	Cash Value	Amt. of Loans	Net Cash Value
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$

### SCHEDULE 2 - OFFICERS, DIRECTORS AND PRINCIPAL STOCKHOLDERS

Name	Title	Shares Owned		Officers and Stockholders Accts	
		Preferred	Common	Due to Corp	Due from Corp.

### SCHEDULE 3 - SECURITIES OWNED - Please attach separate schedule if needed.

Stock - Shares, Bond - Amounts	Description	Value at Which Carried on Corp.'s Books	Current Mkt. on Listed		Estimated Value on Unlisted		
			@	Amount	@	Amount	Yearly. Div.



# Mortgage Broker Application

## Corporate Financial Statement

Section 14

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### SCHEDULE 4 - REAL ESTATE AND BUILDINGS - Please give details of encumbrances on Schedule 5 opposite proper Parcel No.

Parcel	Location and Description Include Nature of Improvements	Monthly Income	Title in Name of	Valuation on Corp.'s Books		Amount of Encumbrances	Assessed Valuation
				Land	Improvements		
No. 1							
No. 2							
No. 3							
No. 4							
No. 5							

Please designate by Parcel No. those properties used in the business \_\_\_\_\_  
 Are taxes delinquent on any of your properties? \_\_\_\_ If so, please give amount and details \_\_\_\_\_

### SCHEDULE 5 - REAL ESTATE ENCUMBRANCES

On Parcel Number Above	Amount owing per Sched. 4	Nature of Encumbrance And To Whom Payable	Int. Rate	Due Date	How Payable	Are Int. * and Prin. Current?
#1 above						
#2 above						
#3 above						
#4 above						
#5 above						

\*If any payments of principal or interest are delinquent, please give details \_\_\_\_\_  
 Has foreclosure been instituted? \_\_\_\_\_ Details \_\_\_\_\_

### SCHEDULE 6 - INVESTMENTS IN AND ACCOUNTS WITH AFFILIATED CONCERNS

Name of Affiliate	Investments				Intercompany Accounts	
	Com. or Pfd.	No. of Sh.	% Owned	Value on Books	Free to Corp.	Owning by Corp.

### SCHEDULE 7 - PRINCIPAL SUPPLIERS - Please list concerns from which you buy large quantities and approximate amount due them on statement date.

Name and City	Amount Owed	Name and City	Amount Owed
	\$		\$
	\$		\$
	\$		\$

GENERAL REMARKS - Please explain here or in a supplementary letter any important differences between carrying values and actual values, any unusual receivables or payables of importance, or any other factors which have a bearing on interpretation of your financial statement. \_\_\_\_\_

I certify that the above information provided by me is true,  
complete, and correct to the best of my knowledge and belief.

Date

Signature

DO NOT SEND TO IRS

Vendor MUST Print  
or Type information

## STATE OF ARIZONA

## SUBSTITUTE W-9 &amp; VENDOR AUTHORIZATION FORM

DO NOT SEND TO IRS

Vendor MUST Print  
or Type information

☒ Taxpayer Identification Number (TIN) ☐ TIN Type ☐ Employer Identification Number (EIN) ☒ State of Arizona HRIS EIN  
State of Arizona Employees ONLY

☒ Legal Name  
Must match TIN above

☒ Entity Type Select one of the following

- ☐ Corporation (NOT providing health care, medical or legal services) (5A)  
☐ Corporation (providing health care, medical or legal services) (5M)  
☐ Partnership, LLP (5T)  
☐ PLLC, LLC (5C)  
☐ Individual/Sole Proprietor (6I)  
☐ The US or any of its political subdivisions or instrumentalities (2G)  
☐ A state, a possession of the US, or any of their political subdivisions or instrumentalities (4G)  
☐ Tax-exempt organization under IRC §501 (5O)  
☐ An international organization or any of its agencies or instrumentalities (5U)  
☐ State of Arizona employee (1E)  
☐ Other, Tax reportable entity (5P)

☒ Main Address Where tax information and general correspondence is to be mailed

DBA\Branch\Location

Address

Address continued

City

State

Zip code

☒ Remit to Address ☐ Same as Main

DBA\Branch\Location

Address

Address continued

City

State

Zip code

☒ Certification

Under Penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me) AND
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding AND
3. I am a U.S. person (including U.S. resident alien).

Certification instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN.

**The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.**

Signature

Title

Date

STATE OF ARIZONA AGENCY USE ONLY

VENDOR: DO NOT WRITE BELOW THIS LINE

AGY

Agency Authorization

Phone #

Date

STATE OF ARIZONA GAO USE ONLY

VENDOR &amp; STATE AGENCY: DO NOT WRITE BELOW THIS LINE

☐ IRS TIN Matching☐ Corporation Commission☐ HRIS☐ Other☐ Other

Vendor Number

MC

Processed by

Date Processed